

Antonelli Institute

Permission, Release and Indemnity Agreement

Name: _____

Complete Address: _____

Social Security Number: _____

In the course of our relationship, some questions and problems may arise in certain areas requiring judgment and/or emergency decisions. To guide us in such areas, it is requested that you complete, sign, and return the following information in person or by mail to Antonelli Institute.

ATTENDANCE, IMAGE, PHOTO, WORK, and POST-GRADUATION TESTIMONIALS: I give Antonelli Institute or any of its successors, assigns, and licensees and any agencies designated, permission to advise my school and other interested parties that I have attended, enrolled in, graduated from, or have been employed by Antonelli Institute.

I give my permission to Antonelli Institute or any of its successors, assigns, and licensees and any agencies, designated, to use of images, work, and photographs of myself in school publications and displays, television and in newspapers, magazines or other medium. I also give Antonelli Institute my permission to use any of my post-graduation verbal, written, or recorded comments and/or testimonial(s) on behalf of Antonelli Institute.

I give my permission to Antonelli Institute or any of its successors, assigns, and licensees and any agencies designated, the irrevocable perpetual and unrestricted rights and permissions to take, use, reuse, publish, republish, transmit, and display, photographic portraits or pictures, still or moving, of me or by me in which I may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations, in conjunction with my own or a fictitious name, or reproductions thereof in color or otherwise, made through any medium and my image, photographs, and/or art work and/or design work for print, slide or film purposes, including the use of said photographs and/or art work and/or design work in school publications and displays, television and in newspapers, magazines or other medium. The primary purpose of such use is to promote the school, its students, faculty, alumni, employers, and industry partners. This permission applies whether I am model, subject or author. This permission does not give Antonelli Institute the right to sell or license my image, photo, or work unless proceeds are distributed as established and agreed upon with me. My participation in shows and exhibits will serve as my demonstrations of such agreement.

Please circle YES or NO

TRIPS: The above-named individual may participate in school-related trips (such as field trips or company visits) either by school or non-school transportation. I understand that the individual must find his/her own transportation as would be the case on a freelance engagement. Any individual who does not attend a mandatory trip is required to check in at Antonelli Institute the day of the trip for an alternate assignment.

Please circle YES or NO

SPECIAL ACTIVITIES: The above-named individual may participate in school recreational activities or in strenuous school-related activities.

Please circle YES or NO

MEDICAL TREATMENT: Should a medical emergency arise for this individual and the spouse, parent or guardian cannot be reached in a timely manner, we need your authorization to make decisions as necessary. Please read the following authorization; it will be acted upon if we are unable to reach your spouse, parent or guardian and a prompt decision, in our opinion, is vital to the welfare of this individual.

It is my desire that while the above-named individual is enrolled/employed at Antonelli Institute, in case of accident or illness, I wish him/her to be sent to a hospital, urgent care center, or for medical care to be summoned. I agree to bear the related expenses. I desire that an appropriate official at Antonelli Institute exercise his/her best judgment in authorizing emergency medical aid and in handling all details of the situation.

Permission is hereby granted for authorization to act upon the above.

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Please circle

YES or NO

Please note any medical conditions you would want to make a care provider aware of, such as, panic attacks, allergies, diabetes, or heart condition:

Note: For individuals who are under the age of 18, this form must be signed by both the individual and the parent(s) or legal guardian.

RELEASE AND INDEMNITY

In consideration of the agreement of the School to sponsor, promote, and permit the individual to have work included in publications, shows and promotions, to participate in educational activities, trips, special activities, as described above, to provide emergency medical assistance, and for other good and valuable consideration herein acknowledged. I/we, the undersigned, agree, intending to be legally bound, as follows:

1. We release and discharge the School, its owners, officers, directors, employees, students, and any other persons voluntarily assisting in the activities or assistance described above, from all liability for personal or emotional injuries, loss of or damage to property, financial expense, or any other loss or damage which occurs during or because of individual's participation in these activities or his/her receipt of emergency assistance. We understand that this means that neither the individual nor the parent, or either of them, nor anyone on individual's behalf, will be able to make a claim against the School, its owners, officers, directors, employees, students, and any other persons voluntarily assisting in the activities or assistance described above, based upon negligence, strict liability, other tort claims, violation of statutes or ordinances, breach of an express or implied contract or any other legal basis. We agree not to initiate any legal claim, or to permit any legal claim to be made on the student's or our behalves, for damages incurred relating to or because of the individual's participation in these activities or receipt of emergency assistance.
2. We have read this agreement and know what it means. We are signing this voluntarily, without coercion or duress, and for the purpose of facilitating the individual's participation in School promotions/activities and receipt of emergency assistance. We understand that the individual or parents can obtain insurance to cover the losses or damages which are being released in this agreement, if we so choose.
3. We agree that this agreement will remain permanently in effect and may be relied upon by the School. We understand, however, that we have the right to revoke this agreement in whole or in part by providing written notice to the President/Director of the School. Such revocation will apply to any activities or assistance engaged in or provided after the date on which the President/Director receives the revocation notice.

_____/_____
Individual Date

_____/_____
Parent or Guardian (if student is under age 18) Date

_____/_____
Parent or Guardian (if student is under age 18) Date